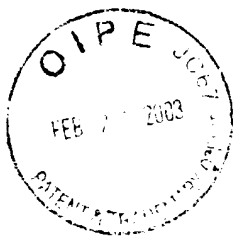


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
LEX-0134-USA



In re Application of Donoho et al.

Application Number 09/784,358

Filed 2/15/2001

For Novel Human Thrombospondin Repeat Proteins and Polynucleotides Encoding the Same

Group Art Unit 1653

Examiner S. Snodden

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate small-entity fee are as follows (check time period desired):

☒ Three months (37 CFR 1.17(a)(3))

\$ 465.00

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0892. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a): 41,866

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 13, 2003
Date

Signature *Lance K. Ishimoto*

Lance K. Ishimoto Reg. No. 41,866

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003 Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 42.00)

Complete if Known

Application Number 09 784,358

Filing Date 2/15/2001

First Named Inventor Donoho et al.

Examiner Name S. Snedden

Art Unit 1653

Attorney Docket No. LEX-0134-USA

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number: 50-0892
Deposit Account Name: Lexicon Genetics Incorporated

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below except for the filing fee

to the above identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20**	1	42.00	42.00
Independent	1	42.00	42.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 42.00)

**or number previously paid, if greater. For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or claim	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	140	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,200	2501	600	Utility issue fee (or reissue)	
1502	410	2502	205	Design issue fee	
1503	630	2503	315	Plant issue fee	
1450	130	2450	130	Petitions to the Commissioner	
1801	50	1801	50	Processing fee under 37 CFR 1.171(i)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	930	1802	900	Request for expedited examination of a design application	

Other fee (specify):
*Reduced by Basic Filing Fee Paid

SUBTOTAL (\$)

SUBMITTED BY

Name (Print Type) Lance K. Ishimoto

Registration No. (Attorney Agent)

41,866

Complete, if applicable:

Telephone

281-863-3333

Signature

Lance K. Ishimoto
Inv'd in HAKER Pat No 41,011

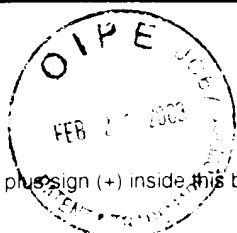
Date

February 13, 2003



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1653

Please type a plus sign (+) inside this box → ☐

PTO SB 21 (08-00)

Approval for use through 10/31/2002 OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/784,358	
	Filing Date	Feb 15, 2001	
	First Named Inventor	Donoho, Gregory	
	Group Art Unit	1653	
	Examiner Name	S. Snedden	
Total Number of Pages in This Submission	45	Attorney Docket Number	LEX-0134-USA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (Original & Copy) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (Original & Copy) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Return Postcard - Exhibits A - E
Remarks: RECEIVED <div style="text-align: right;">TECH-0134-USA-300</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lexicon Genetics Incorporated Lance K. Ishimoto Reg. No. 41,866
Signature	<i>Lance K. Ishimoto</i> David W. Hirschfeld Reg. No. 41,071
Date	February 13, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Arlington, VA 22202 on this date: February 13, 2003			
Typed or printed name	Michelle Klein		
Signature	<i>Michelle Klein</i>	Date	February 13, 2003

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February 13, 2003

Date

Lance K. Ishimoto by David W. Higley

Signature DAVID W. HIGLEY
PER NO. 41,071

Lance K. Ishimoto Reg. No. 41,866

Typed or printed name

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